

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Globe</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>147</u>	
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>31</u>	
Town of <u>Globe</u>	(No. _____) St. _____	Local Registrar's No. _____	Ward _____
City of <u>Globe</u>			
FULL NAME OF CHILD <u>Ester Rivera</u>		Born <input checked="" type="checkbox"/> YES	Alive <input checked="" type="checkbox"/> NO
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>Jan 7</u> 19 <u>20</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Adelberto Rivera</u>	Full Maiden Name <u>Mercedes Espinosa</u>		
Residence <u>Globe, Arizona</u>	Residence <u>Globe Arizona</u>		
Color or Race <u>Mexican</u>	Color or Race <u>Mexican</u>		
Age at last Birthday <u>35</u> (Years)	Age at last Birthday <u>34</u> (Years)		
Birthplace <u>Mexico</u>	Birthplace <u>Mexico</u>		
Occupation <u>Sailor</u>	Occupation <u>Housewife</u>		
Number of child of this mother... <u>9</u>	Number of children, of this mother, now living... <u>6</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Jan 7</u> 19 <u>20</u> , at <u>2:45</u> P. M.			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Alvin Forman M.D.</u>	(Attending physician, midwife, householder)
Given or christian name added from a		Address <u>Globe Arizona</u>	
Supplemental report _____ 191 _____		A True Copy <u>10.9.20</u>	
<u>591-107-451</u>		<u>10.9.20</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	